

FULFILLMENT OF DOD MANDATORY TRAINING REQUIREMENT

Privacy Act Statement

AUTHORITY: EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To evaluate and determine the status of mandatory acquisition training. The purpose of soliciting the Social Security Number is for positive identification.

ROUTINE USE(S): The information provided is used for verification by the individual's supervisors and the individual's personnel office to ensure that mandatory acquisition training requirements have been fulfilled.

DISCLOSURE: Voluntary; however, failure to provide requested information may preclude an effective evaluation to determine an individual's status of mandatory acquisition training. Failure to provide the Social Security Number will not nullify the purpose or use of the requested information.

SECTION I - INDIVIDUAL REQUEST *(Type or print in ink)*

1. NAME <i>(Last, First, Middle Initial)</i>		2. COURSE NUMBER	
3. COURSE TITLE		4. COURSE LEVEL <i>(Entry, Intermediate, Senior, etc.)</i>	
5. STATEMENT I propose that the skills and knowledge provided by the DoD mandatory course identified above have been obtained by experience, education, equivalency test, or alternate training. Based on the attached justification, I request that this be considered fulfillment of the mandatory training requirement indicated.			
6. SIGNATURE		7. DATE SIGNED <i>(YYMMDD)</i>	8. SOCIAL SECURITY NUMBER
9. TITLE		10. SERIES	11. GRADE/RANK
12. OFFICE SYMBOL	13. LOCATION	14. CURRENT LEVEL <i>(Entry, Intermediate, Senior, etc.)</i>	15. DATE ENTERED CURRENT LEVEL <i>(YYMMDD)</i>

SECTION II - SUPERVISOR'S RECOMMENDATION

16. CONCURRENCE/NONCONCURRENCE <i>(X one)</i>			
a. CONCUR - INDIVIDUAL HAS GAINED REQUISITE SKILLS AND KNOWLEDGE AS PROPOSED IN SECTION I.		b. DO NOT CONCUR <i>(Return request to individual)</i>	
17. SUPERVISOR SIGNATURE			18. DATE SIGNED <i>(YYMMDD)</i>
19. DUTY TITLE		20. OFFICE SYMBOL	21. LOCATION

SECTION III - DISPOSITION

22. APPROVAL/DISAPPROVAL <i>(X one)</i>			
a. APPROVED		b. DISAPPROVED	
23. SIGNATURE OF APPROVING OFFICIAL			24. DATE SIGNED <i>(YYMMDD)</i>
25. DUTY TITLE		26. OFFICE SYMBOL	27. LOCATION